

## PETITION OF CHANGE OF ADVISOR

A student may change faculty advisors given that the proposed advisor is willing to supervise the student’s work and the present advisor and the graduate program chair agree to the change. The following signatures verify the agreement by both faculty members and the graduate program chair to the change of advisor.

Upon completion, please submit to [gradservices@ucmerced.edu](mailto:gradservices@ucmerced.edu) for final approval and signature of the Graduate Dean. Please allow 5 business days for the review and processing of this form.

Student Name: \_\_\_\_\_ SID: \_\_\_\_\_  
Last First

Email Address: \_\_\_\_\_ Current Graduate Program: \_\_\_\_\_

Current Degree:  MA  MS  MSPH  PhD Current Term:  Fall  Spring Year: \_\_\_\_\_

*Reason for change*

  
  
  
  
  

**Current Advisor(s):**

Name	Signature	Date
Current Co-Advisor’s Name	Signature	Date

**Proposed New Advisor(s):**

Name	Signature	Date
New Co-Advisor’s Name	Signature	Date

**Graduate Group Chair:**

Approved  Not Approved

\_\_\_\_\_  
Signature Date

Signature of the Graduate Dean: \_\_\_\_\_ Date: \_\_\_\_\_